

2006 FOR PROFIT CORPORATION

~~ANNUAL REPORT~~ REINSTATEMENT

APPROVED
AND
FILED

102

DOCUMENT # P03000092137

1. Entity Name
BILL'S POOL REPAIR, INC.



06 OCT 23 PM 2:24

Principal Place of Business
5516 WINDING BROOK LANE
VALRICO, FL 33594 US

Mailing Address
P.O. BOX 15072
TAMPA, FL 33684

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/22/06 90039 027 \$38.75



DO NOT WRITE IN THIS SPACE

05182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0169713

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATES, WILLIAM H JR
5516 WINDING BROOK LANE
VALRICO, FL 33594

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William H. Bates

5-19-06

Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BATES, WILLIAM H JR
STREET ADDRESS 5516 WINDING BROOK LANE
CITY-ST-ZIP VALRICO, FL 33594

TITLE
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CITY-ST-ZIP

REINSTATEMENT

of [unclear]

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Bates

President 813 684 0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

BILL'S POOL REPAIR, INC.

WILLIAM BATES

PO BOX 15072

TAMPA, FLORIDA 33684-5072

(813) 205-8967

OCTOBER 17, 2006

**FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION**

TO WHOM IT MAY CONCERN;

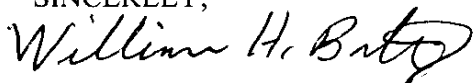
SUBJECT: BILL'S POOL REPAIR, INC.
ANNUAL REPORT

PLEASE BE ADVISE, THAT BACK ON MAY 19TH 2006, I SUBMIT MY BUSINESS UNIFORM REPORT WITH MY PAYMENT BY CHECK IN THE AMOUNT OF \$558.75 TO COVER THE PROPER FEES. HOWEVER, 'TILL THIS PAST WEEK WHEN I RECEIVED THE ATTACHED NOTICE OF DISSOLUTION OR REVOCATION, I WAS ASSUMING THAT MY CORPORATION WAS IN GOOD STANDING WITH YOUR DEPARTMENT. AFTER A PHONE CONVERSATION WITH ONE OF YOUR REPRESENTATIVES I FIND OUT THAT A LETTER WAS SEND TO ME IN REGARDS TO A MISSING SIGNATURE ON MY REPORT AND THE REPORT HAS NOT BEEN FILED, BUT I NEVER RECEIVED THAT LETTER. THEREFORE, I WILLIAM BATES AS COMPANY OWNER AND PRESIDENT, REQUEST TO YOUR DEPARTMENT TO WAVE THE ADDITIONAL REINSTATEMENT FEE OF \$150.00. AND UP DATE MY CORPORATION BACK TO ACTIVE.

PLEASE PROCESS AND ADVISE.

IF YOU HAVE ANY QUESTIONS OR CONCERNS ON THIS MATTER, PLEASE CONTACT ME BACK AT THE ADDRESS AND NUMBER ABOVE LISTED.
I APPRECIATE YOUR HELP,

SINCERELY;



WILLIAM BATES
OWNER/PRESIDENT

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